

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10626

1. PLACE OF DEATH

County Scotland
Township Harrison
City Longview

Registration District No. 809
Primary Registration District No. 4487

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Gorin, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 95 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Harker

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov. 26 1862

7. AGE

YEARS 64

MONTHS 5

DAYS 2

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

Conductor of a retail meat market

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

West Virginia

10. NAME OF FATHER

Ogden Harker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Virginia

12. MAIDEN NAME OF MOTHER

Lorin Harker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Virginia

14.

INFORMANT
(Address)

Mrs. Mary Harker
Gorin, Mo.

15.

FILED

Mar 29 1927

F. M. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28- 19 27

17.

I HEREBY CERTIFY, That I attended deceased from March 17- 19 27 to March 28- 19 27 that I last saw him alive on March 28- 19 27, and that death occurred, on the date stated above, at 11- a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver
1927

CONTRIBUTORS (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) Don Pierce, M. D.

Mar 30, 19 26 (Address) Gorin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Gorin Cemetery

Mar 30 1927

20. UNDERTAKER

ADDRESS

Guthrie Basket

Gorin, Mo

